| city.                                   |
|---|
| (Requestor's Name)                      |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
| ,                                       |
|   |
|   |

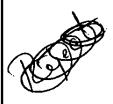
Office Use Only



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SECRE IANDORPORATE



G. MCLEOD

MAR 2 0 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Century San-Cap LLC (Name of Limited Liability Company)  |
| The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to:   |
| Sandra Thomas (Contact Person)  |
| Century Son-Cap LLC (Firm/Company)  |
| 15860 Pine Bloge Rd 10<br>(Address)   |
| City/State and Zip Code)  |
| For further information concerning this matter, please call:  |
| Sandra Thomas at (239) 849-1899 (Name of Contact Person) (Area Code & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (5/06)

## FILED SECRETARY OF STATE DIVISION OF CORPORATION

08 MAR 18 AM 8: 29

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

|   | limited liability company a  |                             |          |
|---|--|-----------------------------|----------|
|   | ility company was organize   |                             |          |
|   | nment/registration number o  | -                           | pany is: |
| of this limited lial resignation in wri | S. Thomas  ame of Person Resigning)  polity company and affirm to  ting.  gning Member, Managing | he limited liability compan |          |
|   | \$25.00 (Required)<br>\$30.00 (Optional)   |                             |          |